

**CITY OF WINCHESTER FIRE AND RESCUE  
EMS TRANSPORT BILLING PROGRAM**

**Request for Transport Fee Waiver**  
**This form must be submitted for each request.**

**APPLICANT NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**RESPONSIBLE PARTY:** \_\_\_\_\_  
**NAME IF NOT THE APPLICANT**

**MONTHLY HOUSEHOLD GROSS INCOME:** \$ \_\_\_\_\_

**HOUSEHOLD SIZE (# of People):** \_\_\_\_\_

**I am applying to City of Winchester Fire and Rescue Department for a waiver of payment for my EMS transport fee. I certify that I have no insurance that can be billed for this charge, and I am unable to pay for this service. I certify above information is true and accurate to the best of my knowledge, and that I will be held responsible for any false statements made herein. I acknowledge that additional documentation may be requested.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**If you have any questions please call (540) 662-2298. Please hand deliver or mail completed form and applicable documents to:**

**City of Winchester Fire & Rescue Department  
P.O. BOX 2998  
Winchester, Virginia 22604**

**ADMINISTRATIVE USE ONLY**

**Annual Gross Income based on information provided:** \$ \_\_\_\_\_

**Incident Number #:** \_\_\_\_\_

\_\_\_\_\_  
**Approved**

\_\_\_\_\_  
**Claim Denied Due to:** \_\_\_\_\_

**Date DAB notified:** \_\_\_\_\_ **Approval Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

